## The Academic Health Sciences Library from Conception to Birth:

Experiences of New and Developing Libraries\*

**Introductory Remarks** 

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SINCE World War II the number of medical schools in operation in the United States, that is, with enrolled students, has increased from sixtynine to 101, the major number within the last ten to twelve years. Though we hear on all sides that the demand for people with advanced degrees is diminishing, indeed that in some fields and some geographic locations there is for the moment, at least, a surplus, manpower needs continue on the critical list for the health professions. Consequently, we can expect schools in the health professions to continue to multiply, though at a slower pace in the current economic climate, and with them, obviously, their libraries. Accordingly, at this first experimental session slanted for librarians from academic health science libraries. the experiences of those who have successfully developed new libraries in the short span of two and a half to four and a half or five years seemed to the conference program committee a significant subject for your consideration. I suspect, too, that they were influenced by the fervor of that dedicated little band known as the Council of Developing Medical School Libraries. Like me. the program committee, looking from afar, was probably bursting to know more about the deliberations of this invisible college of the MLA, deliberations which, it is whispered, considerably exceed our general sessions in charm and worth, with all the fire of certain of our recent business

\* The following group of papers was presented at the General Session on "The Academic Health Sciences Library from Conception to Birth: Experiences of New and Developing Libraries," at the Sixty-ninth Annual Meeting of the Medical Library Association at New Orleans, Louisiana, on May 21, 1970. sessions. Beauty, as we all know, is in the eye of the beholder, but I venture to say that none of us here has not at least thought about the challenges and problems of creating a library from book one, brick one. Thus the program committee had a point in thinking that the subject of our panel might have appeal and some practical value for all academic medical librarians—practical because developed and developing libraries differ chiefly in that the latter start with a clean and empty slate.

Before we proceed to the heart of the matter. let me say just a bit more about the Council of Developing Medical School Libraries. It met for the first time at the Boston MLA Conference of 1966 in response to a call from David Kronick to librarians developing new medical school libraries and other interested persons, with ten members and five observers. The purpose of this gettogether was to discuss some commonly met problems which had come to light in correspondence and conversations. Discussion centered on the general lack of serials back sets in microform and the assembling of a common wants list, which, however, regrettably never materialized. The group decided that further meetings would be valuable, and, accordingly, organized into an ad hoc Council with David Bishop as first Chairman. The second meeting was held in Albuquerque two months later, but since then all have been in conjunction with MLA Annual Meetings. The Council grew to include librarians from old libraries with new developmental programs as well as those from new libraries, and Canadians as well as Americans. Membership stands now at nineteen, but thirteen have been the maximum

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at any one meeting. Items on the agenda have run the gamut of medical librarianship, from large, general topics like acquisitions policies, regional services, and nonbook learning resources to small, specific matters such as multiple copy requirements, GRACE produced guide cards, and inventory methods. Combine this array of down-to-earth topics with the bull session method and you have the secret of the well-deserved reputation of the CDMSL.

What the panelists will be presenting to you is a distillate of their personal experiences melded with those of their colleagues in the Council. We cannot cover in a short space what went on in six days of discussion and six years of correspondence, so we are omitting more than passing consideration of the physical building, already well reviewed in the special sessions of the past several years on new buildings, and concentrating our attention instead on those elements which determine the character and capabilities of

the live library. We shall assume it has been endowed with a well-formed and handsome body. Ronald Watterson, Medical College of Ohio at Toledo, will deal with the role of outside influences in shaping the new library: David Bishop. University of Arizona College of Medicine Library, will address himself to the part regional programs and resources play in the planning of the new or newly developing library: Sam Hitt. University of Connecticut Health Center in Hartford, will be concerned with collection, staff and space, the flesh, blood and bones of the new library; Mayo Drake, Louisiana State University Medical Center School of Medicine in Shreveport, will discuss the sequence of development vital for the library's successful emergence into full operation on the first day of the school's first class. Incidentally, for convenience we are speaking in terms of medical schools, but translate this as health sciences center, dental school, nursing school, pharmacy school, public health school or what you will so long as school is a part of it.